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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being lacismile transmitted to the USPTO (571) 273-2885, on the date indicated below. Matthew L Koziarz Carlson Gaskey & Olds 400 W Maple Road Suite 350 Ştephanie A.∧Fraşh Birmingham, MI 48009 Sellia Lie (Signature August 12, 2009 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/591-039 08/29/2006 Robert Dowe 67,173-002 TITLE OF INVENTION: DIAGRAMLESS CROSSWORD PUZZLE HELPER 08/13/2309 SDENBOB4 00000051 501482 10591039 01 FC:2501 755.00 DA APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE YES nonprovisional \$755 \$300 \$1055 08/31/2009 08/13/2009 SDENBOB4 00000066 501482 10591039 EXAMINER ART UNIT CLASS-SUBCLASS 01 FC:1504 300.00 DA PIERCE, WILLIAM M 3711 273-272000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Carlson, Caskey & Olds PC (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASI: NOTI:: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Dayment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501482 (enclose an extra copy of this fo Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Typed or printed name Matthew L. Koziarz August 12, 2009

53,154 Registration No.

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